

Please Follow the Following Format:

SAMPLE INVOICE

Invoice # and Date (on municipal letterhead)

Vermont Yankee NHRERP Expense

From: Town of ABC
123 Main Street
ABC, NH 03819

To: (Address to your town's Field Representative)
N.H. Department of Safety
Homeland Security & Emergency Management
33 Hazen Drive
Concord, NH 03305

Invoice Period (from & to):

For SFY 2009 (July 1, 2008 to June 30, 2009)[†]

Planning and Admin.: *See page 5.3 for an explanation.*

Current Expense: *See page 5.4 for an explanation*

Training: *See page 5.3, 5.7 and 5.8 for an explanation.*

Drills: *See page 5.3, 5.7 and 5.8 for an explanation.*

Equipment: *See page 5.4 for an explanation.*

Miscellaneous: *Those costs that are necessary to maintain an emergency operations center and are not covered in the other categories.*

Please reimburse the Town of ABC in the total amount of: \$ _____ *See page 5.7 for further details.*

- Please make sure that you include all supporting documents with your letter which should total the amount you are requesting for reimbursement. If they are not included or do not add up to the total amount they will be returned to you.

[†] Billings for SFY 2009 need to arrive at HSEM **no later than** June 1, 2009.

NEW HAMPSHIRE RADIOLOGICAL EMERGENCY RESPONSE PLAN

SFY 2009 – ASSESSMENT WORKSHEET – VERMONT YANKEE

(July 1, 2008 through June 30, 2009)

Agency: _____ Community: _____

PART I. DRILL PARTICIPATION / NHRERP ADMINISTRATION	LINE ITEM AMOUNT (\$)	SUBTOTALS (\$)
1. Planning and Administration: _____ X _____ # of Hours \$ / Hour	\$ _____	
2. Drill Participation: _____ X _____ X _____ X _____ # Drills # Personnel \$ / Hour # Hours/Drill Per Drill	\$ _____	
3. Training: _____ X _____ X _____ X _____ # Training # Personnel \$ / Hour # Hours/Class	\$ _____	
4. Miscellaneous: _____ _____	\$ _____	
SUBTOTAL FOR PART I = \$ _____		

PART II. EQUIPMENT REQUEST(S)	\$ _____	
(NOTE: Attach one Equipment Request Form for each specified item. See page 5-19)		
SUBTOTAL FOR PART II = \$ _____		

(Continued on next page)

NEW HAMPSHIRE RADIOLOGICAL EMERGENCY RESPONSE PLAN

SFY 2009 – ASSESSMENT WORKSHEET – VERMONT YANKEE

(July 1, 2008 through June 30, 2009)

Agency: _____ Community: _____

PART III. CURRENT EXPENSES	LINE ITEM AMOUNT (\$)	SUBTOTALS (\$)
1. Telephones: _____ X _____ X 12 Months / Year Billing Location Basic Monthly Charge _____ X _____ X 12 Months / Year Billing Location Basic Monthly Charge _____ X _____ X 12 Months / Year Billing Location Basic Monthly Charge	 \$ _____	
2. RERP-Related Phone Usage: _____ X 12 Months / Year Cost/Month	 \$ _____	
3. Radio Circuits: _____ X 12 Months / Year Cost/Month	 \$ _____	
4. Generator Fuel: _____	 \$ _____	
5. Generator Maintenance: _____	 \$ _____	
6. Communication Equipment Maintenance: _____	 \$ _____	

(Continued on next page)

NEW HAMPSHIRE RADIOLOGICAL EMERGENCY RESPONSE PLAN

SFY 2009 – ASSESSMENT WORKSHEET – VERMONT YANKEE

(July 1, 2008 through June 30, 2009)

Agency: _____ Community: _____

PART III. CURRENT EXPENSES (Cont.)	LINE ITEM AMOUNT (\$)	SUBTOTALS (\$)
7. EOC Supplies: _____	\$ _____	
8. EOC Facility Expenses (i.e.: rent, utilities): _____	\$ _____	
9. Traffic Control Equipment Replacement: _____	\$ _____	
10. Communication Equipment Battery Replacement: _____	\$ _____	
11. Miscellaneous: _____ _____	\$ _____	
SUBTOTAL FOR PART III = \$ _____		

TOTAL SFY 2009 ASSESSMENT REQUEST = \$ _____

SFY 2009– ASSESSMENT WORKSHEET – VERMONT YANKEE

REVIEW AND SIGNATURE FORM

Agency: _____ Community: _____

LOCAL COMMUNITY OR SUPPORT AGENCY	DATE
Reviewed by: _____ Emergency Management Director or Agency Liaison	____/____/____
Approved by: _____ Authorized Signature or Agency Authority	____/____/____
NEW HAMPSHIRE HOMELAND SECURITY & EMERGENCY MANAGEMENT	DATE
Reviewed by: _____ Field Representative	____/____/____
Approved by: _____ Chief Technological Hazards	____/____/____
Approved by: _____ Department of Safety – Business Office	____/____/____

SFY 2009 ASSESSMENT REQUEST STATUS	DATE
Assessment Request Received by HSEM	____/____/____
Assessment Request Approved as submitted	____/____/____
Assessment Request Approved with revisions	____/____/____
Revisions: _____ _____	____/____/____

SFY 2009 EQUIPMENT REQUEST FORM

(July 1, 2008 through June 30, 2009)

NOTE: Submit one completed Equipment Request Form for each specified item.

Agency: _____ Community: _____

EQUIPMENT REQUEST INFORMATION		
EQUIPMENT REQUESTED: _____		
DESCRIPTION (i.e.: Make / Model #): _____		
Quantity: _____	Cost Each: \$ _____	Total Cost: \$ _____
NHRERP-related purpose or justification: _____		

NHRERP REFERENCE:	Volume #: _____	Section(s) #: _____

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SFY 2009 EQUIPMENT REQUEST FORM (Cont.)

COMMUNITY or AGENCY INFORMATION	
REQUESTOR	COMMUNITY or AGENCY APPROVAL
NAME: _____	NAME: _____
DEPARTMENT: _____	TITLE: _____
ADDRESS: _____	

CITY: _____	
STATE: _____ ZIP: _____	NOTE: Original signature required on each Equipment Request Form submitted.
TELEPHONE: (____) - ____ - _____	
_____	_____
EMD or Agency Liaison Signature	Authorized Signature
____/____/____ Date	____/____/____ Date